



3762 41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Fitz

Serial No. 10/018,615

Art Unit: 3762

Filed: March 11, 2002

Examiner: C. Layno

For: NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF

AMENDMENT

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

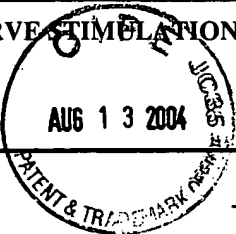
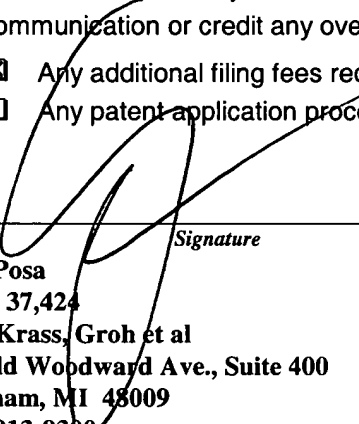
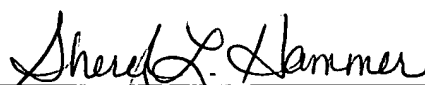
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Dear Sir:

In response to the Office Action mailed May 10, 2004, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 280 N. OLD WOODWARD AVENUE, STE. 400, BIRMINGHAM, MICHIGAN 48009-5394 (248) 647-6000

08/13/2004 SSITHIB1 00000113 10018615  
02 FC:2201 43.00 OP  
03 FC:2202 63.00 OP

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>FIT-10202/29</b>	
Applicant(s): <b>Fitz</b>					
Serial No. <b>10/018,615</b>	Filing Date <b>March 11, 2002</b>	Examiner <b>C. Layno</b>	Group Art Unit <b>3762</b>		
Invention: <b>NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF</b>					
 <b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	27 =	7 x	\$9.00	\$63.00
INDEP. CLAIMS	6 -	5 =	1 x	\$43.00	\$43.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$106.00</b>
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input checked="" type="checkbox"/> A check in the amount of <b>\$106.00</b> to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1180</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<b>John G. Posa</b> <b>Reg. No. 37,424</b> <b>Gifford, Krass, Groh et al</b> <b>280 N. Old Woodward Ave., Suite 400</b> <b>Birmingham, MI 48009</b> <b>Tel. 734/913-9300</b>			Dated: <b>August 10, 2004</b>		
Signature 			<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on <b>August 10, 2004</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;">             Signature of Person Mailing Correspondence         </p> <p style="text-align: center;"> <b>Sheryl L. Hammer</b>            Typed or Printed Name of Person Mailing Correspondence         </p> </div>		

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